EXTERNAL EVALUATION REPORT

THE SUSTAINABLE MANAGEMENT TRAINING CENTRE (SMTC) GLOBAL 2000/NIGERIA

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ABBREVIATIONS

AFRO	Africa Programme for Onchocerciasis Control
CBD	Community based distributor
CBM	Christoffel Blindenmission
CDC	Centers for Disease Control and Prevention
CDTI	Community directed treatment with ivermectin
EPI	Expanded Program on Immunizations
FMOH	Federal Ministry of Health
G2000	Global 2000
G2000/Atlanta	Global 2000 in Atlanta, GA
G2000/Nigeria	Global 2000 in Jos, Nigeria
GTZ	German Technical Cooperation Group
HRM	Human resources management
LGA	Local Government Area
LOCT	Local Onchocerciasis Control Team
MIPH	Management of International Public Health
NGO	Nongovernmental organization
NGDO	Nongovernmental development organization
NOCP	National Onchocerciasis Control Program
PHC	Primary health care
RBF	River Blindness Foundation
SMDP	Sustainable Management Development Program
SMTC	Sustainable Management Training Center
SOCT	State Onchocerciasis Control Team
TQM	Total Quality Management
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

Background

Throughout the world, public health organizations devote a significant portion of their funds and staff time to training. But it is often not clear whether the training has made any difference in program outcomes, effectiveness or efficiency. Systematic evaluation of training is critical if we are to learn more about what kind of training is most effective in achieving program goals and objectives. Management training is no exception. While the low level of management skills is decried by those working in international health, management training is too often boring, irrelevant to the realities of the program, and conducted with no follow-up of program participants to see if the new skills acquired during training sessions have been applied in the field.

The Sustainable Management Training Centre (SMTC) in Jos, Nigeria, was established to provide an outstanding Africa-based management center that is field-oriented, program specific and focused on problem solving. Currently the SMTC is operated under the auspices of the Carter Center's Global 2000 Program in Nigeria. The SMTC has provided in-country management training to over 450 public health workers in both public and private nongovernmental organizations since 1995. Trainees represent 33 of the 36 states and the Federal Capitol Territory in Nigeria and constitute a significant reservoir of management skills, particularly for disease control programs in Nigeria. No formal evaluation of the SMTC has been conducted since its inception. The evaluation reported on in this document was commissioned by the Sustainable Management Development Program (SMDP) of the Centers for Disease Control and Prevention to assess the extent to which the SMTC has achieved its goals in four areas: 1) development of institutional training capacity for Nigeria; 2) managerial capacity development of river blindness personnel; 3) impact of the training on key program indicators such as Mectizan® distribution; and 4) long-term sustainability. The SMDP was instrumental in the establishment of the SMTC and SMDP staff has provided ongoing technical assistance to SMTC programs and personnel.

Major Achievements of the SMTC

- The SMTC offers a model of a results-oriented, practical and culturally relevant management training program. It has carved out a niche in management training for disease control program managers, other primary health care program managers and managers of nongovernmental developmental organizations in Nigeria.
- The SMTC has established a reputation for high quality and relevant management training among federal, state and local government area (LGA) disease control programs in Nigeria as well as among many NGOs working alongside government disease control programs.
- The training staff of the SMTC is excellent. Trainers are viewed as outstanding professionals who model the concepts and techniques taught at the SMTC in their

interactions with trainees, supervisors, government officials and representatives of national and international organizations.

- The broad distribution of SMTC alumni across the geographic regions of Nigeria provides visibility and credibility to the training programs.
- The onchocerciasis control program in Nigeria has benefited most directly from the activities of the SMTC. Benefits include respect for the contributions of each staff person in the program, more transparent communication among program staff, more focused planning and implementation, data-based decision making, and enhanced presentation and reporting skills.
- The applied learning projects of SMTC graduates offer a unique resource of lessons learned in field management. Presentations of the projects during workshop reunions are very useful for advocacy among political and health care policy makers.
- Workshop participants are generally very satisfied with the quality and content of the training offered at the SMTC. They specifically cite personal and professional growth in five areas: the value of operating as a team; the power of the behavioral style analysis; the concept of the customer as the most important focal point of any program activity; the power of evidence-based presentations and graphical presentations; and the impetus for better planning engendered by the training.
- Demonstrable short-term increases in Mectizan® coverage in selected areas can be attributed to strategies identified and implemented by conscientious application of the management techniques learned in SMTC workshops.
- The location of SMTC under the auspices of Global 2000 is a significant asset because of the direct connection to disease control goals, operations and personnel. The reputation of Global 2000 is well established in Nigeria and the SMTC contributes to that reputation.
- The ongoing technical assistance in training of trainers, management and program planning provided by CDC to the SMTC has contributed significantly to the quality of SMTC programs and staff.
- SMTC trainers have done an excellent job of adapting the concepts and tools of TQM and other management principles to the Nigerian context.

Major issues of concern

- The long-term sustainability of the SMTC as an integral component of Global 2000's programmatic portfolio is uncertain.
- The staff of SMDP/CDC and Global 2000/Atlanta have differing views about where the primary responsibility lies for securing adequate financial support for the continuation of SMTC as a viable entity.
- The current market for SMTC training activities, principally public health disease control programs, is too narrow a base upon which to project continued and growing demand for management training. New target markets are needed to expand the SMTC training approach.
- The current SMTC training team has taken on primary responsibilities for disease control activities and training activities have taken a back seat.

- At present the training staff of the SMTC is too small and overextended to meet even the current demand for its services.
- The staff does not have the time, nor does it have the organizational mandate, to engage in strategic planning for the future of the SMTC.
- While short term impact of management training on program indicators, e.g., Mectizan® coverage, has been demonstrated, there is no evidence that the demonstrated impacts can be sustained over time.
- There is limited evidence that the specific techniques and tools of TQM are employed in analyzing situations other than the ones chosen for the applied learning projects. But workshop graduates do say that they apply the concepts of TQM in their work and do not need to use the specific tools.
- Untrained supervisors and an unyielding government bureaucracy are viewed by trainees as obstacles to employing the management skills and techniques learned at the SMTC routinely on the job.

Major recommendations

- The SMTC should explore alternative options for a new organizational home so that the remarkable achievements of the SMTC are maintained and extended.
- The SMTC must diversify its funding sources.
- A clear transition plan should be developed for the SMTC by the major stakeholders, SMDP/CDC, Global 2000/Atlanta and Global 2000/Nigeria, as it moves from under the Global 2000 umbrella.
- The SMTC should form a formal alumni association in Nigeria to provide a forum for advocacy, for continuing application of management skills and techniques in the workplace, and for continuing professional education of SMTC graduates.
- Whenever possible, SMTC should train multiple participants from programs so that there is a critical mass of trained people within a given organization.
- For the future, SMTC should consider developing a limited portfolio of management workshops in modular format for different audiences.
- The SMTC should continue to invite key decision makers to reunions where trainees present their applied learning projects.
- SMTC graduates should take every opportunity to demonstrate management workshop concepts and tools to potential funding sources, to policy makers, and to national and international program reviews.
- Compile, publish and disseminate a selection of the best applied learning projects in a monograph for use in other training and education programs.

INTRODUCTION

The Sustainable Management Training Centre (SMTC) is a part of the Carter Center's Global 2000 Program in Nigeria. The work of Global 2000 in Nigeria focuses on disease control, elimination and eradication strategies. Target diseases are onchocerciasis, guinea worm, schistosomiasis and lymphatic filariasis. Control of trachoma will be incorporated later in the year 2000. Working in partnership with the Federal Ministry of Health, State Ministries of Health, UN agencies and several other non-governmental development organizations, Global 2000 in Nigeria is a key player in Nigeria's efforts to combat diseases that bring unnecessary suffering, economic hardship and social discrimination. Each of the disease programs presents unique challenges, but all require leadership and management at all levels – from the national level to the individual community level.

The SMTC was created in Nigeria in order to address the need for improved managerial capacity of middle level managers in state and local health programs in Nigeria. There was a strong sense that managers lacked necessary skills due to lack of management training. There was a need for a field oriented management training center that would support the goals of the disease control programs.[1] Established in 1995 with financial support from the Shell Oil Foundation and technical support from the Sustainable Management Development Program (SMDP) at CDC, the SMTC is now at an organizational crossroads, brought on by the increasing urgency of the disease control mandates of Global 2000 in Nigeria and the expiration of the Shell funds. The purpose of this evaluation is to assess the extent to which the SMTC has met its intended goals, assess the alignment of the SMTC with the goals of Global 2000 and make recommendations about future directions for SMTC.

EVALUATION APPROACH

Evaluation is defined as the systematic investigation of the merit, worth, or significance of an object.[2] Evaluation offers a way to improve and account for public health actions using methods that are useful, feasible, proper and accurate. The object in view in this evaluation is the SMTC as an organizational entity, not the specific curricula of SMTC training programs or the individual performance of those trained at the SMTC. This evaluation is presented with the expectation that it will improve and account for the activities of the SMTC and its contribution to public health actions in Nigeria.

The basic framework used for this evaluation is the one recommended framework for program evaluation in public health practice developed by the CDC Evaluation Working Group[3]. Although not specific to evaluation of training activities, the framework is adaptable to a variety of public health settings and programs. A review of the published and gray literature (web sites and unpublished reports) revealed a paucity of information

[1] Spelling in this report will follow the conventions of American English, e.g. program instead of programme, center instead of centre.
[2] Recommended Framework for Program Evaluation in Public Health Practice, MMWR, CDC, 1999.
[3] Ibid

about specific evaluation frameworks for training that were appropriate for the evaluation of the SMTC. Material developed by Management Sciences for Health (MSH)[4] for evaluating family planning programs was the most helpful guidance apart from the framework developed by the CDC Evaluation Working Group. The approach taken in this evaluation builds primarily on the CDC and MSH evaluation frameworks using the backbone of the CDC framework consisting of six steps:

1) Engage stakeholders;
2) Describe the program;
3) Focus the evaluation design;
4) Gather credible evidence;
5) Justify conclusions; and
6) Ensure use and share lessons learned.

Stakeholders

In consultation with the staff of the SMDP/CDC and the staff of Global 2000/Nigeria, key stakeholders were identified. It is important to open the evaluation to all perspectives in order to enhance credibility and buy-in for the evaluation results. Stakeholders identified were:

- Global 2000, The Carter Center, Atlanta[5]
- Global 2000, Nigeria[6]
- SMTC staff and trainers
- SMTC "founders"
- SMTC trainees – including those trained at the SMTC in Jos and those trained at the zonal level
- Sponsors of SMTC trainees (agencies or organizations that funded one or more trainees)
- Potential donors
- Disease control program managers in Nigeria, especially those in the National Onchocerciasis Control Program (NOCP)
- Representatives of onchocerciasis non-governmental development organizations (NGDOs)
- The Sustainable Management Development Program (SMDP) at CDC.

[4] The Manager's Electronic Resource Center, MSH, The Manager, Assessing the Impact of Training on Staff Performance (www.erc.msh.org/hr/tools/perform.htm)
[5] Referred to as G2000/Atlanta or G2000/Carter Center in the remainder of this report
[6] Referred to as G2000/Nigeria in the remainder of this report.

Sources of Data

Interviews of key stakeholders

The evaluator interviewed staff representatives, and in some cases, all staff, of the respective stakeholder groups using a structured interview guide (Appendix 1). SMTC staff was instrumental in selecting trainees, sponsors, NGDO representatives, and governmental disease control program managers for the interviews. Selection criteria included the site for training (SMTC/Jos or zonal workshops); representation from early and later workshops; organizational representation; geographic representation; quality of final projects; graduates and non-graduates; representative sponsors; and logistical feasibility.

Fifty-four interviews were conducted in Nigeria to reflect the perspectives of participants in various SMTC activities and programs. Some people interviewed fit in more than one category. Interviews were completed with 6 trainers/facilitators; 12 project supervisors; 7 sponsors or representatives of sponsoring agencies; 39 participants/trainees who attended training at the Jos Center; 7 participants/trainees trained at the zonal level; the three "founding fathers"; and 6 MIPH[7] participants.

Interviews were conducted with all SMDP staff as well as the Director of the Public Health Practice Program Office (PHPPO) at CDC where the SMDP program is located. Interviews were conducted with key Global 2000 staff members in Atlanta who have worked with the program in Nigeria. See Appendix 2 for a complete list of all individuals who were interviewed.

Document review

The evaluator reviewed key documents held by the SMTC, Global 2000/Nigeria, the SMDP and others. Documents reviewed include:

- The original Shell Oil Foundation grant proposal
- The original plan prepared by Drs. Miri, Jiya and Gemade for the management training center in Nigeria
- Trip reports of SMDP staff for trips to Nigeria
- Background material (published and unpublished) on the disease control programs of the Carter Center, especially onchocerciasis control
- Training materials produced and used by SMTC
- Selected videos of training sessions and reunions at SMTC
- Presentations, annual reports and unpublished manuscripts prepared by SMTC staff

[7] MIPH is the Management of International Public Health course sponsored by SMDP/CDC and held in Atlanta, GA, for 4-6 weeks every year. It is conducted as a trainer of trainers (TOT) course. All participants are expected to return to their respective countries and initiate management training activities in their respective organizations. All of the "founding fathers" attended the MIPH course as well as the two primary trainers at SMTC.

- All final projects submitted by graduates of the SMTC on file in Jos or Enugu (see Appendix 3 for a list of project titles)
- Selected projects submitted by graduates of zonal level training
- A literature review of training evaluation methodologies

Purpose of the evaluation

This evaluation is intended to assess the extent to which the SMTC has achieved its intended goals in the following four areas[8]:

1) Development of institutional training capacity for Nigeria;
2) Managerial capacity development of river blindness personnel;
3) Impact of the training on key program indicators such as Mectizan® distribution;

   This goal goes to the heart of whether management training is effective. One of the most comprehensive and widely used reference models of evaluation is Kirkpatrick's.[9] The four levels of his model are:

   - Level 1 – reaction evaluation: how well the participants liked a particular training program
   - Level 2 – learning evaluation: an objective measure of whether the principles, facts and techniques that were presented were understood and absorbed by the participants
   - Level 3 – transfer of learning evaluation: assess the transfer of training skills or knowledge to the job
   - Level 4 – results evaluation: impact on an organization's objectives.

   Kirkpatrick notes that virtually all evaluation of training is conducted at the first two levels. The third level is done occasionally but requires a sophisticated evaluation design and substantial resources. The fourth level is, as Kirkpatrick says, not for the fainthearted. There are so many complicating factors that it is extremely difficult if not impossible to evaluate certain kinds of programs in terms of results. The challenge for SMTC is to attempt to document level 3 and level 4 outcomes for management training activities. This is particularly important because the SMTC is part of an organization, Global 2000, which places a high value on results driven programs.

4) Long-term sustainability.

   Sustainability is defined as the ability of the organization to produce benefits valued sufficiently by users and stakeholders to ensure enough resources to continue activities with long term benefits. There are three major clusters of

[8] These are the four areas listed in the scope of work prepared by SMDP for this evaluation exercise.
[9] Kirkpatrick DL. 1979. Techniques for evaluating training programs. *Training and Development Journal* 57(6):25-34.

factors in sustainability: contextual factors, activity profile, and organizational capacity. This evaluation concentrates on the set of factors in the third cluster – organizational capacity. These include institutional values and behavior, human resources, leadership, and resource mobilization and financial management.[10]

The results of this evaluation will be grouped under the four topic areas listed above. Before presenting the results, however, it is important to review the key events in the organizational evolution of the SMTC.

ORGANIZATIONAL DEVELOPMENT AND GROWTH

The Sustainable Management Training Center (SMTC) was established in 1995 as a result of a joint collaboration by the River Blindness Foundation (RBF) and the SMDP/CDC. The River Blindness Foundation began its work in Nigeria in 1991 in Plateau State with Dr. Emmanuel Miri as the director. In April 1996, The Carter Center expanded its role in the coalition fighting river blindness by launching the Global 2000 River Blindness Program (GRBP). In doing so, the Center acquired the River Blindness Foundation, founded by John and Rebecca Moores in 1990. With field offices in Guatemala, Cameroon, Nigeria, Sudan, and Uganda, the Global 2000 River Blindness Program helps local residents and health workers establish community-based, sustainable Mectizan® distribution programs. In Nigeria, the GRBP is based in Jos, Plateau State. Dr. Miri is the Country Representative of Global 2000, The Carter Center, Nigeria, and oversees all disease control, eradication and elimination programs. Dr. Kenneth Korve is the Assistant National Director for GRBP.

Before it was subsumed by the Carter Center, Mark Jacox, then RBF Executive Director, requested assistance from the SMDP in training managers for onchocerciasis control programs in Africa. A proposal was developed for submission to the Shell Oil Foundation, calling for a three year program to support RBF activities in Nigeria, including assessment, training for management trainers, in-country training, and institution building. Before the final proposal was submitted, The Carter Center's Global 2000 subsumed RBF, including its program in Nigeria. In late 1995, the Shell Oil Foundation awarded funds to The Carter Center's Global 2000 to implement the original proposal. Nigeria was selected as the principal focus country because of its size and the burden of disease. With the transfer to Global 2000, the program focus was expanded to include management training for personnel in other disease control programs. The acquisition of RBF by The Carter Center was made principally to augment its disease control activities – the management training grant was inherited along with the acquisition. The Carter Center has never viewed management training as a primary activity in its agenda. It has not had real ownership of management training activities from the outset. This has created a fundamental problem in subsequent discussions about

[10] Olsen IT. 1998. Sustainability of health care: a framework for analysis. *Health Policy and Planning* 13(3):287-295.

the sustainability of management training activities under the auspices of the Carter Center.

As the first step in implementation of the Shell grant, three key individuals in the control of onchocerciasis in Nigeria were selected to attend the Management for International Public Health (MIPH) course in Atlanta in October 1995. The three were Dr. Emmanuel Miri, Dr. Jonathan Jiya (left), the national coordinator for onchocerciasis control in Nigeria, and Dr. Emmanuel Gemade, UNICEF river blindness control project officer. The six week, Atlanta-based, MIPH course covers content that is considered essential for public health program management in developing countries and is organized using a trainer of trainers model. Each participant is expected to develop a needs assessment and plan for management training upon return to his country. Drs. Miri, Jiya and Gemade did this upon return to Nigeria with assistance from SMDP staff. One component of the plan called for the recruitment of full-time, dedicated, specialist, management trainers. This was made possible because of the Shell grant. Dr. Abel Eigege (below right) and Ms. Ifeoma Umolu (below left) were employed as the specialist trainers in July 1996. The first in-country management workshop was held in August 1996 with Drs. Miri, Jiya and Gemade as principal facilitators. Dr. Eigege and Ms. Umolu attended the first workshop as trainees and subsequently attended the MIPH course in Atlanta in October 1996, run by the Sustainable Management Development Program (SMDP) of CDC. Dr. Eigege and Ms. Umolu have conducted all subsequent SMTC workshops as the principal facilitators with other SMTC staff occasionally serving as trainers for specific components. One objective of Dr. Eigege and Ms. Umolu has been to develop a stable of facilitators at SMTC, both to provide diversity and to alleviate some of the training burden from the two of them. As another strategy to diversify training expertise, they have also trained 20 SMTC alumni to be "Project Supervisors" located in different parts of the country.

SMTC has conducted 12 management workshops entitled "Managing effective programs: leadership, team building and total quality management" between August 1996 and December 1999. This workshop will be referred to as "the workshop" for the remainder of this report. TQM is often used as shorthand by the SMTC staff and trainees to refer to the workshop. This is not intended to diminish the importance of the other two main components of the workshop – leadership and team building, taught respectively in the sessions on "Behavioral Style Analysis" and "7 Habits of Highly Effective People", but rather as a convenient shorthand term. Two other workshops, "Managing human resources: training of trainers, supervisory skills, communications, negotiations and conflict resolution" and "Healthy Plan-It™" have also been developed. The latter two workshops have been conducted one time each. For the remainder of this

report, all references to training programs or workshops are for "Managing Effective Programs" unless otherwise specified. The workshop is typically 2 weeks in duration and is held at the Jos office of G2000/Nigeria. The workshop has been offered a few times as a one-week workshop[11]. The training approach is based on the MIPH course but has been extensively adapted for the Nigerian context by Eigege and Umolu. They have also incorporated additional material and exercises drawn from other sources (e.g. other public health training institutions, Nigerian Management Associations, etc.). The CDC based SMDP staff has continued to provide technical assistance to the SMTC, funded for the first 3 years by the Shell grant, and subsequently out of CDC core funds[12]. In an effort to expand the outreach of the SMTC, four zonal workshops have been held. The workshops follow the SMTC training approach and generally last for one week. They are targeted at state and LGA level participants.

The 3-year Shell grant ended in March 1998. As Dr. David Bull, SMDP, noted in a trip report (November 1997), "The Carter Center has decided that it will not solicit additional funds from Shell. It is anticipated that the Jos Center will need to be subsidized with extramural funds from grants in addition to tuition fees. The Carter Center Development Office will need to assist the Jos Center in early 1998 in identifying funding. SMDP is willing to do whatever is required to assist in the process." The decision by G2000/Atlanta not to pursue another round of funding from the Shell Oil Foundation is seen by the G2000 staff in Atlanta and the SMDP staff at CDC as the point at which disagreements between these two major stakeholders became pronounced. The Carter Center's decision was based on the lack of alignment of Shell Oil with the core human rights agenda of the Carter Center.[13] With the expiration of the Shell grant, funding for SMTC has been incorporated into the budget of G2000/Carter Center. CDC has continued to provide technical assistance by SMDP staff funded out of its core operating budget. It is apparent that there was never a clear decision taken about where the responsibility for subsequent extramural fund raising should lie when the Shell grant expired. SMDP staff members, evidenced by Bull's trip report, were willing to assist G2000, both in Nigeria and in Atlanta, but not to take the lead. G2000 saw the SMTC as an adjunct to its core disease control priorities and expected that the lead for securing extramural support would come from SMDP. Both G2000/Atlanta and SMDP recognize and acknowledge the good work done by the SMTC. Questions about its future are provoked not by any design flaw in the program, but rather by the organizational evolution of G2000 activities in Nigeria.

In January 1999, Dr. Eigege was named Assistant National Director of G2000 for schistosomiasis and lymphatic filariasis. Ms. Umolu became Assistant National Director

[11] The one week training sessions are done when the budget or sponsors' funds don't allow for two weeks. The SMTC staff tries to avoid conducting one-week workshops because they are too intense with too much material for workshop participants to assimilate.

[12] The SMDP staff provided significant technical assistance in the initial start up period when SMTC was designing the curriculum and training format. SMTC now operates quite independently although SMDP still provides training materials, funding advocacy and moral support.

[13] Shell Oil has extensive holdings in Nigeria. The murders of Ken Saro-Wiwa and other activists in the delta region of Nigeria by the Abacha regime were flagrant human rights abuses, seen by some to be countenanced by Shell and other large oil companies in the region.

of G2000 for guinea worm eradication. This decision was made by the Carter Center to integrate Eigege and Umolu into G2000's disease control activities and to continue to support these two very highly respected members of G2000. The result has been that their primary focus has shifted from SMTC activities to disease control. Both have tried to maintain their SMTC activities, but at some cost reflected in a reduction in the number of workshops and in the number of supervisory visits made to follow up workshop trainees. Steps have been taken to alleviate some of the SMTC burden from Eigege and Umolu by training additional project supervisors from SMTC alumni and by expanding the number of trainers among the SMTC staff in Jos. Dr. Kenneth Korve, Assistant National Director for onchocerciasis control, attended the MIPH course in October 1999 and another staff member, Mr. Kehinde Oyenekan, was expected to attend the course in October 2000. Asked about whether Eigege and Umolu felt divided loyalties to the two components of their jobs, both said they are committed to making the tangible links between management training and disease control objectives. As one G2000 staff member said, "they have multiple devotions not divided loyalties".

In a trip report (April 1999), Dr. Michael Malison, Director of the SMDP, noted that "Training in management is seen as relevant to Global 2000's mission, but is not supported as a stand alone activity. With the expiration of the Shell grant, SMTC staff have been successfully integrated into Global 2000's categorical programs and their support is now fully part of the regular budget. Despite the additional responsibilities for categorical program implementation, management training activities and supervision of learning projects continue…. It is important for the Nigeria office to demonstrate and communicate the tangible effects of training upon the goals and objectives of the disease-specific programs, in order to build a constituency at the international level of Global 2000 where critical budgetary decisions are made." The SMTC is now at a crucial turning point. This evaluation is part of the information needed to make a decision about the future path of SMTC.

RESULTS AND ASSESSMENT

The results of this evaluation will be presented in four parts corresponding to the four goal areas of the SMTC as articulated in the terms of reference for this evaluation.

⇒ *Development of institutional training capacity*

There is no doubt that the SMTC has contributed to the institutional training capacity of Global 2000 in Nigeria as well as to broader training capacity of public health programs in Nigeria. SMTC offers training in an area, management, which is often cited as a critical missing element in many public health programs. In the management development assessment of the RBF conducted by Abamonte and de Ravello in August 1995 (SMDP staff), three areas for improvement through strengthened management skills were noted: 1) improvement of advocacy and communications skills; 2) improvement of strategic management skills; 3) application of team building and leadership skills. The

RBF was enthusiastic about establishing and housing a national training center. One of the main decisions taken by RBF and the SMDP was to send Drs. Miri, Jiya and Gemade to the MIPH course in Atlanta to form the backbone for the development of management training capacity in onchocerciasis control programs in Nigeria. As Abamonte and de Ravello said, "because of the positions of authority they hold in the onchocerciasis control and public health community, they will be able to form the pillars necessary to sustain effective and meaningful change through the national management training center of excellence." All three remain strong advocates of the SMTC and have continued to serve as facilitators for the workshops when their schedules permit it. Because Dr. Miri is based in Jos, he is often able to participate in workshops. Even though based in Lagos, Dr. Gemade continues his active involvement in SMTC workshops as well. His former supervisor at UNICEF, Dr. Stella Goings, former Chief, Health Section, UNICEF/Lagos, has been very supportive and accommodating regarding his participation in SMTC. Dr. Jiya, based in Lagos and Abuja, continues to be supportive of SMTC activities, but has been unable to continue active participation in the workshops because of time constraints.

With the addition of Dr. Eigege and Ms. Umolu as full-time, dedicated management training specialists in 1996, the SMTC came into its own as a recognized and highly regarded center of excellence for field based management training. Both are well known as excellent trainers and facilitators. In interviews with both participants and sponsors of management training, many people stated their respect for the excellence that is a hallmark of SMTC. One key attribute noted was the quality and professionalism of the SMTC staff. Both government and non-governmental organizations have sent trainees to the SMTC. Jeff Watson, Onchocerciasis Project Director of the Christoffel Blindenmission (CBM), one of the main partner NGDOs for onchocerciasis control in Nigeria, said that the establishment of the SMTC was perfect timing for his group. He was determined to streamline the operation of his organization and the training offered at SMTC fit his strategic needs. Watson attended the reunion for the first workshop, was so impressed with the results that he saw, that he attended the second workshop and graduated along with five state onchocerciasis coordinators working in partnership with CBM. CBM financially sponsored the five coordinators. Watson routinely uses the techniques and material presented during the workshop for program planning and monitoring.

UNICEF (Lagos Headquarters and Zonal offices) has been a consistent supporter of SMTC, by sending a number of its own key staff to the training programs and by providing financial support for many of their Government counterparts. Government support for SMTC training has come mainly from State Ministries of Health, State Hospital Management Boards, Teaching Hospitals and the Industrial Training Fund (ITF). The decision of the Institute for Medical Laboratory Services of Nigeria (IMLT) to make training a part of the re-certification process for medical laboratory scientists and technologists is another indicator of SMTC's institutional capacity for management development in Nigeria.

In an effort to develop more trainers, SMTC is exploring using part time contract trainers with formal management training and who are committed to the vision that drives SMTC.

Two individuals who fit this profile were participants in the most recent workshop in December 1999. One, a lecturer in business administration at the University of Jos, said that the training was new and exciting and he couldn't wait to incorporate the techniques he learned at SMTC into his own courses at UniJos. "If I did this at the University, students would flock to my courses – they wouldn't sleep." Whether or not he is engaged as a contract trainer for SMTC, the fact that he is building the content into his courses is an indicator of the immediate ripple effect that SMTC can have. One critical factor for SMTC to consider as it contemplates this new direction for expanding the stable of trainers is monitoring the quality of the product it produces. Consistently in interviews, people said that the quality of the SMTC training was far superior to anything they had ever experienced in Nigeria, either in formal education settings or in other training settings. One consistent theme was the contrast between the highly theoretical, lecture based style of most learning, and the highly interactive, evidence-based, practical and applied learning offered at the SMTC.

One effective strategy employed by the SMTC to develop awareness of its training capacity and an appreciation for the distinctive type of training offered is using the reunions as a forum to invite key policy and decision makers to listen to the project presentations. Those presenting are encouraged to invite their colleagues and supervisors to hear their presentations. Several sponsors commented that this strategy has contributed to building a constituency and group of advocates for the SMTC, particularly within Ministries of Health and among politicians.

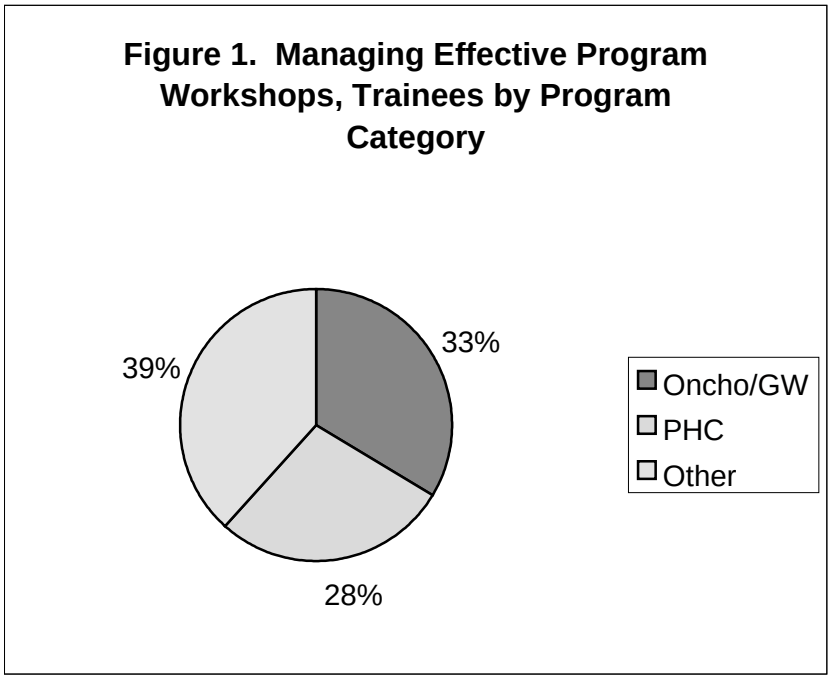
The SMTC have effectively used another simple tool for advocacy – a map of Nigeria detailing the distribution of SMTC trainees by state. Through December 1999, 256 trainees representing 33 states in Nigeria have been trained at Jos-based SMTC workshops. The map is a very clear visual portrayal of the geographic impact that the SMTC has had in Nigeria. The states with the largest number of participants are Plateau State (75), Kaduna (14), Lagos (14), FCT (11), Niger (11), and Oyo (11). Participation in SMTC training programs is understandably better in Plateau State than elsewhere in Nigeria, given the location of the SMTC in Jos. In 1998, the SMTC trained 2 participants from the Lassa Fever Project in the Republic of Guinea in a workshop and hosted 2 visitors from Zimbabwe who are developing a management training module at the University of Zimbabwe's School of Public Health. This provides some evidence of SMTC's goal to become an African center of excellence for management training.

⇒ *Management capacity development of river blindness program personnel*

River blindness program personnel have been the primary targets for the SMTC since it was established in 1995 through efforts of the River Blindness Foundation. As of the end of 1998, all State Onchocerciasis Control Coordinators for hyper and meso-endemic states, with the exception of Borno, have been trained in the workshop. Primary health care and disease control directors oversee the onchocerciasis control programs in the states. Over 50% of PHC and Disease Control directors have been trained in the workshop through financial support from the UNICEF Zonal Offices.

Interviews with two of the regional onchocerciasis coordinators highlighted their personal commitment to using workshop principles in their own staff relationships, in program planning and management, and in conducting training at the zonal level for their state coordinators and LGA coordinators. Dr. Miri, in an article entitled "Problems and perspectives of managing an onchocerciasis control programme: a case study from Plateau state, Nigeria"[14], attributes the program successes to problem identification and problem-solving through continuous review and evaluation of program activities, and implementation of strategies, when required, to ensure that program objectives are met. The SMTC, as noted by Dr. Miri, contributes to these program successes by equipping managers with the necessary skills and knowledge to enable them to cope with these demands.

Twelve workshops have been held at the SMTC since the first one in August 1996. The last, No. 12, was held in December 1999. One workshop was held in 1996; 3 in 1997; 6 in 1998; and 2 in 1999. In addition, one human resources management (HRM) workshop was held in 1998, and one pilot workshop called *Healthy Plan-It ™*(Program Planning) in 1999. The number of participants from workshops held in 1998 produced a backlog of projects for supervision for the SMTC staff and a decision was taken to limit the number of workshops in 1999. SMTC staff is currently supervising the 40 participants trained in 1999. They are scheduled to graduate in August 2000. Figure 1 shows the percentage of



participants in the Managing Effective Programs workshops by program affiliation**.** Of the 224 workshop participants, 75 (33%) were from onchocerciasis control programs. Another 63 (28%) of participants came from other disease control programs or were

[14] Miri ES. 1998. Problems and perspectives of managing an onchocerciasis control programme: a case study from Plateau state, Nigeria. Annals of Tropical Medicine and Parasitology 92(supplement no. 1):S121-S128.

involved in some aspect of primary care. The remaining 86 (39%) participants represented a range of programs, both in the public and private sectors. The affiliation of workshop participants has changed over time. The first two workshops were predominantly made up of participants from onchocerciasis control programs. Three other workshops (No. 3,6 and 12) had more than 40% of participants from onchocerciasis control programs. While the initial mandate of the SMTC was to train managers for onchocerciasis control programs, the target group for training has changed as more disease control programs have been added to the G2000 portfolio and as pressure for financial sustainability has intensified. Most government onchocerciasis control program participants are sponsored by non-governmental development organizations (NGDOs), such as UNICEF, CBM, GTZ, that work in partnership with government programs. In Osun State, three Onchocerciasis Control Team members were sponsored by the State Ministry of Health through APOC funds.

There is a large pool of potential trainees at all levels. Rather than trying to train all program personnel at the Jos Center, SMTC decided to pursue a decentralization strategy. LGA training more naturally takes place at the zonal level with particular emphasis on LGA onchocerciasis control personnel. Four zonal workshops have been organized by the GRBP offices in Enugu, Owerri and Benin with 222 participants.

A zonal workshop was held in Enugu in 1999. Three zonal personnel, senior GRBP staff who are also SMTC alumni, were the facilitators plus Dr. Eigege from the SMTC. While 68 persons ultimately attended the workshop, during the first two days of the five day workshop only 22 attended. By the 5th day, all 68 were in attendance, 57 from LGAs and 11 from State Onchocerciasis Control Teams (SOCT). The course fee was N5000 per participant. According to Mrs. Maduka, Project Administrator for the Southeast Zone of G2000/Nigeria (below left with some of her staff), the problem with attendance was that many LGA participants came and registered in order to collect a per diem and then left. In the course evaluation, participants noted several constraints such as: short notice for organizing the training and mobilization of LGA staff; non-availability of lecture notes before the workshop; lack of early input from guest trainer regarding final arrangements; non-confirmation of nominations by sponsoring organizations; and inability of LGA participants to attend without approval of the LGA Service Commission. Most of the evaluations indicated that trainees were impressed with the high ideals and concepts of TQM, in particular, but relatively skeptical about applying the principles in their own work settings.

In interviews with some who attended the zonal workshop, one half of those interviewed said that the key group for training should be politicians, particularly at the LGA level, since the LGA has the financial responsibility for much of the onchocerciasis program. Without political buy-in, some felt that the organizational and logistical issues at the LGA level would be difficult to solve, even if one employed TQM techniques. Others suggested that the politicians should not be the target group at the LGA level, but rather the Local Onchocerciasis Control Team (LOCT). Ideally the LOCT members would attend the workshop with their respective LGA commissioner, but interviewees thought this was not likely to happen. Some of those interviewed suggested that the Africa Programme for Onchocerciasis Control (APOC) might be a potential source of funding or management training because of its focus on community directed ivermectin treatment (CDTI). CDTI represents a new approach to ivermectin distribution with devolution of most decision making to the community level. The theory is that this approach will empower communities, decentralize costs, and so promote sustainability. The shift from community-based to community-directed treatment programs presents significant managerial challenges at the state and LGA levels and requires managers with state of the art management skills. APOC, as the promoter of the CDIT approach seemingly has a vested interest in making this kind of training available. Many state ministries have expressed interest in sending their onchocerciasis control staff for SMTC training under APOC funding. To date, no formal arrangement has been reached to allow APOC support for trainees.

A reunion workshop, attended by 21 participants, was held one year after the zonal workshop. Most of those who completed the training were SOCT members rather than participants from the LGA. The quality of the applied learning projects did not appear to be as high as those completed by SMTC graduates. There are many issues of quality control that must be monitored in order to implement a decentralized training strategy. One key issue is the ability to provide timely and high quality supervision for the applied learning projects. Although 20 new supervisors have been trained, practically the supervision of projects at the LGA level falls to the LOCT or SOCT team leader who have no clear lines of authority, little support and no training for the task. Maintaining the quality of the learning project is critically important because the projects represent the best evidence for management training impact at the program level.

SMTC's contribution to developing the management capacity of river blindness personnel (as well as other disease control program personnel) is attested to by some of the comments recorded during interviews with the evaluator. Although anecdotal, these comments represent a high level of satisfaction with the training and offer keen insights into the components of the training program that have had trickle down effects on program management. The workshop content has had evident personal effect on most of those interviewed for this evaluation. When workshop participants spoke about their experiences, they became quite animated, enthusiastically talking about the workshop and giving lots of nonverbal cues that signaled their enthusiasm.

The consistency of the comments was striking. They fall into five main categories – the value of operating as a team; the power of the behavioral style analysis; the concept of

the customer as the important focal point of any program activity; the power of evidence-based presentations and graphical presentations; and the impetus for better planning. Selected comments are shown in the box below.

"APOC says that our presentations are the best. I attribute a lot of this to TQM and SMTC."

"We cherish learning from others. Everybody has a voice and a contribution."

"I've become an evangelist for TQM. It will blow your mind."

"The most important aspect of the course for me was the recognition that the customer is king and I really need to think carefully about who my customers are."

"TQM is appealing to someone with a quantitative background. I like the emphasis on objective problem solving."

"The staff at Global 2000 are real models for TQM – from the guard at the gate to the director."

"People who come to G2000 notice a difference. They ask what's the magic?"

"The first time that Dr. Miri said 'please', I was embarrassed. That's not the Nigerian way for a big man. Now I really appreciate the difference in attitude – everyone is important."

"Before TQM I looked at the whole problem and was overwhelmed. Now I know to take bite-sized pieces."

"Nobody is too important to do any task."

"I like the emphasis on speaking with facts."

"It's important to be able to present your results graphically."

"I have real problems with these people who have done TQM. There are consequences to having staff with more awareness, more involvement, who are more persistent. Sometimes you just want to be boss!"

Speaking of behavioral style analysis… "This instrument is a witch. You can't hide."

"Empower people; trust people."

"I appreciate the concept of aiming at 99.9%. Before I thought 60% was good enough."

"Those people [SMTC staff] really know what they are doing. They are the best examples of being excellent."

"Before I told people what to do. Now I listen to them."

"At SMTC everything is first class. The behavior is modeled. No time is wasted."

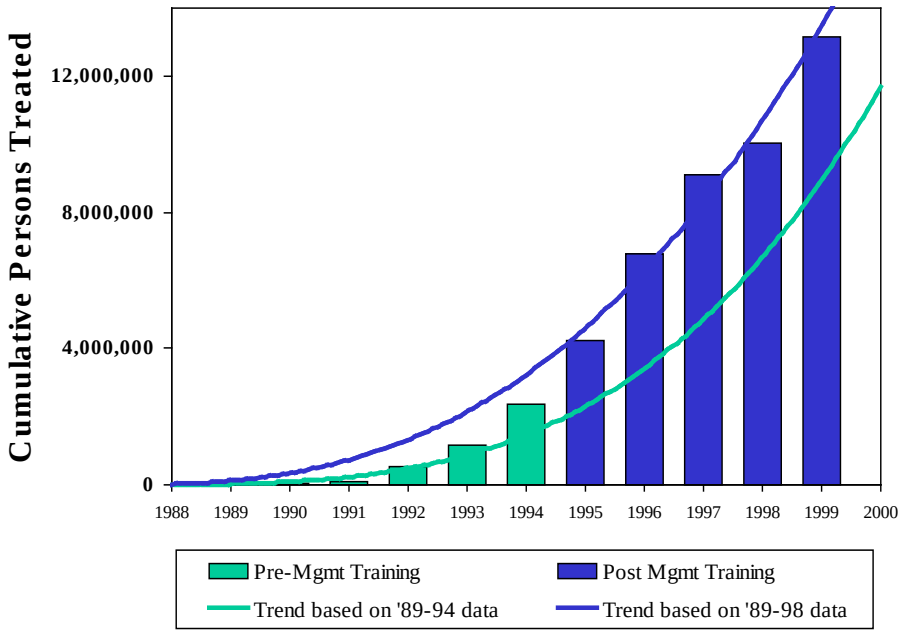
Not all comments about the workshop and its influence on program management were positive. The most critical comments were that government bureaucracy stifles the use of many of the principles that were taught. Many felt that their supervisor needed the training as well and that unless SMTC targeted this group, it wouldn't make much of a difference in management, problem solving or planning. One observation noted from the interviews is that the tools learned and applied in the project rarely are explicitly replicated in tackling new problems. When asked to give me a specific example of

applying a TQM tool or technique they learned in the course to a new problem, most could not do so. The concepts and principles that seem to resonate for the longest time are those related to changes in attitude, communication styles and teamwork, rather than the ability or inclination to apply specific TQM tools or techniques to problem solving. TQM is a systematic cookbook approach to problem solving that was valued and applied in trainees' field projects, but did seem to be replicated in other situations. Leadership, behavioral style analysis and the 7 habits are more oriented to principles and values rather than tools. Interviewees consistently indicated that higher-ups needed to learn about the values piece and that this might be done in a shorter workshop than the two-week workshop. The shorter time would accommodate the busy schedules of policy makers and senior officials.

⇒ ***Impact of the [SMTC] training on key program indicators such as Mectizan® distribution***

There is no direct measure of the impact of SMTC training on program indicators available, but there are some solid indirect measures. Almost of these indirect measures relate to the onchocerciasis program because that is the program that has consistently promoted the use of data for program planning, management, monitoring and evaluation**.** Figure 2 shows the cumulative number of eligible persons treated with Mectizan® in Nigeria between 1988 and 1999. Management training at the SMTC began in 1995. While the increase in persons treated cannot be attributed directly or solely to SMTC training, the two trend lines in Figure 2 are an indirect measure of the contribution of the training to increased treatment. The lower line in Figure 2 shows the expected number of persons treated if the trend between 1989-1994 had continued. The upper line in Figure 2 shows the trend for the whole period, 1989-98.

Figure 2. Eligible Persons at Risk for River Blindness Treated with Ivermectin, Nigeria 1989 -1998



The best and most objective indicator of SMTC's contribution to key program indicators can be gleaned from a review of the applied learning projects required to graduate from the training. Each project is a conscientious application of TQM tools by a trainee to address a specific problem that, when solved, is likely to have a tangible impact on program or organizational objectives. Out of the 256 trainees who have attended the SMTC workshops (includes HRM and *Healthy Plan-It ™*), 189 have graduated, i.e. completed and presented an applied learning project, 27 have not completed their projects, and 40 are currently working on projects, but have not yet had a reunion to present their projects. The learning projects are a practical application of the tools and concepts learned in the workshop. Specifically trainees are asked to use the tools of TQM to assess problems, choose a problem for analysis, conduct a root cause analysis, develop practical counter measures to tackle the problem, and assess the impact of the practical measures in reducing the problem. Mr. Abbas Dalhatu (below left), the SOCT leader from the Federal Capital Territory, is one graduate of the program who was able to show the evaluator the graphical results of the work he did while completing his project.

Ninety-five completed projects were available for review by the evaluator at the Jos Center[15]. Forty-eight of the completed applied learning projects are related to some aspect of the onchocerciasis program; 3 relate to guinea worm; 24 to other health related programs, e.g., EPI, PHC, etc.; 14 concern problems in health care facilities; and 6 are non health related. Appendix 3 has a list of the titles of the completed projects that were reviewed.

Project analysis:

Eleven of the projects deal directly with the issue of increasing Mectizan® coverage, a key programmatic objective of the National Onchocerciasis Control Program in Nigeria. Illustrative projects regarding coverage and distribution include:

- Improving Mectizan® distribution program coverage

  Mectizan® coverage among 4 LGAs in Ondo State was 58.5% in 1994 and 53.4% in 1995. Low coverage was due to several factors including reactions to the drug, illnesses at the time of distribution, negative rumors about the effect of the drug, and absenteeism at the time of distribution. A root cause analysis helped identify specific countermeasures at the community level to address the problem of negative rumors, cited by 58% of community members as the reason for missing treatment. Following the implementation of the countermeasures, coverage increased to >90%. A follow-up survey revealed that of the 10% missing treatment in the

[15] More projects have been completed, but the formal bound copies are not yet available.

latest round, the major cause was now absenteeism. Another round of countermeasures will be introduced to address this issue.

- Missed Mectizan® distribution deadlines

  Root causes identified included poor selection of community-based distributors (CBDs), lack of commitment by the LGA leadership, poor community mobilization, and poor planning. Specific countermeasures were developed to address each of these root causes, and since their implementation, no communities in Fune LGA have missed their distribution deadlines versus 36% of communities before specific countermeasures were introduced.

- Improving Mectizan® acceptance through community mobilization

  Of those not treated in 6 LGAs, 54% refused to take the drug. After root causes were identified and countermeasures implemented, the rate of refusals declined more than 10-fold.

- Improving low Mectizan® distribution coverage

  During the period 1994-1995, Mectizan coverage in LGAs in Edo State ranged from 51.4% - 82.8%. The three LGAs with the lowest coverage were reviewed and one selected as the target of the project. After a root cause analysis for the high rates of absenteeism during the distribution of Mectizan® and after the implementation of appropriate countermeasures, absenteeism decreased from 78.4% to 25.8%.

Only three of the projects reviewed related directly to disease outcome indicators. The titles of these are "Reducing under five mortality at Sir Yananya Memorial Hospital, Birnin Kebbi, Kebbi State", "Reducing incidence of schistosomiasis at Muslim primary school Mokola, Abeokuta, Ogun State", and "Reducing guinea worm cases in Oyo State".

Most of the completed projects deal with process issues since TQM is aimed at improving management processes. These processes are not directly related to program outcomes, but are significant contributors to program efficiency and effectiveness, an appropriate outcome for management training. Selected titles illustrate the types of issues addressed:

- Non-submission of routine monthly monitoring and evaluation returns from the LGAs of Kwara State
- Delay of Mectizan® distribution in hyper-endemic areas
- Improving PHC supervisory visits in Agwara LGA, Niger State
- Improving record keeping of Mectizan® distribution in Global 2000 river blindness programs
- Strengthening community-based structures for sustainable ivermectin treatment program in Cross River State
- Management of travel advances at Global 2000-assisted river blindness programs using the TQM approach

- Improve comprehensiveness and reliability of prevalence survey of onchocerciasis in southeastern Nigeria
- Reduction in the number of CBDs that will miss the distribution deadline in Oyi and Idemili LGAs of Anambra State.

The SMTC staff routinely present abstracts of projects as evidence of program impact in annual reports and other SMTC program documents. The abstracts include the definition of the problem, the identification of root causes, a set of countermeasures introduced, and a summary of the results. These abstracts show the similarity of problems faced by program personnel and the creative approaches taken to deal with the problems. Several commented in the interviews that it would be very useful for program managers to have a summary of the projects compiled in a monograph and distributed to disease control field staff as well as to others who might benefit from the lessons learned, e.g. donors and university libraries.

With reference to Kirkpatrick's levels of evaluation, the analysis of completed projects conducted by SMTC staff represents level 3 - transfer of training skills or knowledge to the job. It is impressive that SMTC staff have conducted this level of evaluation, recognized by those in the evaluation field as being relatively rare. SMTC staff does take every opportunity to present evidence-based data about the management training programs. Key opportunities are disease control program reviews at the national and international level. These presentations help to build a constituency for management training and to build the credibility of the SMTC as a program that is inextricably linked to furthering disease control goals and priorities.

⇒ *Long-term sustainability of SMTC*

Sustainability is defined as the ability of the organization to produce benefits valued sufficiently by users and stakeholders to ensure enough resources to continue activities with long term benefits. The SMTC has reached a crucial turning point in its evolution. As a part of the G2000 program in Nigeria, it has demonstrated its institutional training capacity and its contribution to the development of management capacity among onchocerciasis program personnel as well as other disease control program personnel. The links between the training activities of SMTC and the impact on key program indicators are more tenuous, but can be demonstrated in specific projects completed by SMTC trainees. Whether the observed changes documented in the project reports are sustained after the completion of the project is unknown. It is important to note that the projects are a means to reinforce the training received at the SMTC and not specifically an indicator of program output. SMTC does not have the staff to continue to follow up trainees individually after they have graduated from the program. They do, however, obtain feedback from the trainees' sponsors and supervisors, although not in a systematic way, and they follow up with alumni when possible during supervisory visits to new trainees.

Anecdotal evidence gathered in the interviews for this evaluation suggests that repeated use of the tools and techniques of TQM may not be occurring, and therefore, the results found in the project reports may be transitory. Nevertheless there is some evidence to suggest that there is a higher standard expected of those who have attended the training, certainly by disease control program coordinators and by the staff of Global 2000. There is a currently a certain cachet to being an alumnus of the SMTC. This means that there is positive pressure from the alumni of SMTC, particularly in program review meetings, etc., to show results and programmatic outcomes based on the application of TQM tools and techniques. Chris Ogoshi (right) of CBM, shown in front of data demonstrating the increase in Mectizan® coverage in the CBM partner states, is a fine example of an SMTC alumnus who is incorporating skills learned at the SMTC into his reporting and monitoring efforts. To the extent to which other alumni and sponsor organizations do the same, it creates a positive competitive situation that will help to sustain the outcomes observed in the short run. Peer pressure, the high expectations of the SMTC faculty and the trainees' sponsors all increase the likelihood that outcomes will be sustained.

Demand side issues of sustainability

There are two sides to the sustainability issue – the demand side and the supply side. The demand side is whether the benefits of SMTC are valued by key stakeholders and expressed in a demand for the services or product. The economic measure of demand is the customer's (stakeholder's) willingness to pay for the product or service.

The operational costs of the SMTC, including personnel costs, were initially supported by dedicated grant funds. After the expiration of these grant funds, the Carter Center absorbed all SMTC operational costs in its budget, except for the cost of the technical assistance directly provided by SMDP staff to SMTC. CDC has absorbed these costs into its operating budget. According to Rick Robinson, expenses for the SMTC were about $95,000 ($85,000 net after accounting for tuition fee revenue) in calendar year 1999. This does not include the cost of the space allocated to the SMTC in the Jos offices of G2000/Nigeria. The estimate of space costs is $20,000[16].

The "price" that the Carter Center charged for this arrangement was to reallocate the efforts of Dr. Eigege and Ms. Umolu, the full-time SMTC training staff, to core disease control activities, thereby decreasing the amount of time and effort they could devote to the SMTC. While willing in the short run to accept some participation in SMTC activities for Eigege and Umolu, G2000/Carter Center has not been persuaded that the SMTC is part of its core activities. The SMTC is seen as important, but supplemental to

[16] The space allocated to SMTC is primarily used for other programs. It is only dedicated to SMTC when workshops and workshop preparations are being conducted.

the disease control programs and not sustainable in the long run as a central part of the Global 2000/Nigeria program supported by the Carter Center. Thus from the demand perspective, G2000/Carter Center has decided that the value it places on the benefits derived from the SMTC does not compensate for the costs that it bears to support the SMTC. According to both Craig Withers and Rick Robinson, the Carter Center is willing to negotiate a period of transition for the SMTC's staff and activities. But the Carter Center has made it crystal clear that it will not financially support the fixed costs of the SMTC for the long run. The Carter Center wants to have the SMTC as a success story. It incubated the SMTC and has a vested interest in its successful transition.

Since the expiration of the Shell grant, CDC has absorbed the technical assistance costs provided by SMDP staff to the SMTC. In that sense, CDC has expressed a willingness to pay for continued involvement with the SMTC. This is an expression of the value CDC places on the contributions that SMTC makes as a center of excellence for management training in Nigeria and as a model for field based management training in other countries. CDC/SMDP, however, does not have funds to cover any of the fixed costs of operating the SMTC. From the beginning of the SMTC, SMDP and the G2000/Carter Center have had different visions about the responsibilities of each for the continuing success of the SMTC. While the Shell funds were available, this conflict was submerged. But the expiration of the Shell funds has brought the conflict front and center.

Clearly the stakeholder with the greatest interest in the long-term success of the SMTC is Global 2000/Nigeria. SMTC and G2000/Nigeria are not two entities. They are one physically and functionally. Dr. Miri, as one of founding fathers of the SMTC, has a strong personal investment in the SMTC, as do Dr. Eigege and Ms. Umolu. The SMTC staff has done all it can to demonstrate the value of the management training it provides to the Global 2000 staff, both in Nigeria and in Atlanta. They have been judicious in documenting their work and have taken every opportunity to present the work of the SMTC to the staff of Global 2000/Atlanta as well as other program review arenas. Most of the Jos-based staff of Global 2000/Nigeria has been through training. The whole organization models the principles and concepts presented in the training. Dr. Eigege and Ms. Umolu have supervised the largest proportion of applied learning projects, spending countless hours on the road. They have been tireless in their efforts to help people complete the project. Most of those interviewed for this evaluation said that without the consistent vigilance of Eigege and Umolu, their projects would still be incomplete. G2000/Carter Center staff have expressed concern about the amount of time spent out of the office by Eigege and Umolu as they shift their primary responsibilities to the disease control efforts. Training new supervisors is a strategy introduced in 1999 to reduce their travel commitments.

There is an expressed demand from many quarters for SMTC training. Four organizations or groups have pending requests for training – UNICEF, the Federal Ministry of Health HIV/AIDS/STD program, the FMOH reproductive health program, and GTZ (German Technical Cooperation Group) in Niger State. These organizations are willing to pay tuition costs for trainees. Another expression of demand for SMTC

training is the number of unsolicited applications received at the offices of G2000/Nigeria. At present there are over 40 applications on file. Most of these are from individuals in the Jos area who have heard about the SMTC by word of mouth. The SMTC has generated a revenue stream for its training programs by charging a tuition fee to cover variable expenses of the training. It has diversified its customer base beyond the boundaries of the Global 2000 disease control programs in an effort to generate more revenue and to show progression toward financial sustainability. This has caused some conflict with Global 2000 in Atlanta. But the impulse to diversify funding streams has come from a legitimate concern for the future of the SMTC.
One difficulty that has continued to dominate the discussion of the future of the SMTC is confusion about where the primary responsibility lies for securing adequate financial support for the continuation of SMTC as a viable entity. Global 2000/Atlanta has looked to SMDP to take the lead. SMDP has seen it as a responsibility of Global 2000/Atlanta. This confusion about the respective roles of the two institutions, G2000/Carter Center and SMDP/CDC, was sown in the way that management training and SMTC in particular became part of the G2000 portfolio with the acquisition of the RBF. The role of the SMDP/CDC was stated very clearly in the original grant to the Shell Oil Foundation. SMDP was to be a source of technical assistance and a facilitator in helping to develop the management programs. It was never intended to take any operational or financial role in the SMTC. When the Carter Center acquired RBF, the Shell grant was inherited. While the Carter Center was prepared to provide organizational support to the management programs as long as the Shell grant existed, G2000/Carter Center never had an intrinsic strategic or programmatic investment in the SMTC. This has resulted in the SMTC being an anomaly in the Carter Center portfolio of disease control programs, and it has never had an organizational champion within the Carter Center. The lack of a champion has hindered discussions between the SMDP and G2000/Atlanta about the future of the SMTC. The SMTC has been a blameless victim of reorganization and realignment of organizational and funding priorities. During the ongoing discussions about the future of the SMTC, Global 2000/Nigeria and the SMTC have implemented several strategies including expanding their client base, cutting the costs of providing supervision for projects by using alumni as supervisors, decentralizing training to the zonal level and considering the use of contract trainers for workshops.

There is a demand for high quality, affordable, applied, evidence-based management training in Nigeria. Non-governmental organizations and donors spend a significant portion of their funds on training programs, most of which do not have the kind of evaluation and demonstrated success of SMTC training. Interviews with UNICEF in Lagos highlighted this. When asked how UNICEF determines its own rate of return on investment in training, the answer was that the track record is pretty dismal. But UNICEF continues to invest heavily in training of all kinds. The SMTC can serve as a model for management training in Nigeria. USAID has been relatively quiet in Nigeria for the past 5 years, but is set to re-emerge as a major player on the donor scene. There will be substantial new sources of USAID funding in Nigeria with requirements to program the funds relatively quickly. USAID is looking for models of programs that work and offer quick start up, effectively a turnkey operation. The SMTC is just such a

model. Demand from all donors is likely to grow in Nigeria and the SMTC has a solid track record that will stand in it in good stead.

Supply side issues of sustainability

The SMTC is too small and understaffed to meet the potential demand for its services. It has been sheltered in Global 2000 and allowed to demonstrate its effectiveness as a center of excellence in management training. To go to the next level, the SMTC needs an alternative organizational and financial structure to maximize its potential. With new extramural funds projected to flow into Nigeria over the next few years, the potential for the expansion of SMTC training programs is good. But it will take considerable investment from an already overstretched staff at SMTC and G2000/Nigeria to develop these markets. SMTC has carved out a niche for itself. Undoubtedly other management training groups will emerge as competitors to SMTC, but SMTC is favorably positioned with a solid and documented track record. Global 2000/Carter Center and CDC are potent brand names in Nigeria. The future of the SMTC will depend upon the good will of its two parents to fashion a transition that builds effectively on its successes to date.

The SMTC offers a model of a results-oriented, practical, culturally relevant and high quality management training program. It has carved out a niche in management training for disease control program managers, other primary health care program managers and managers of nonprofit development organizations. Competitors will emerge but the SMTC has a competitive edge in being a first mover into the market. The challenge is to maintain the quality of the training staff at the SMTC, the quality of the training programs, and their immediate relevance to the critical health and development problems facing Nigeria today, while constructing a solid financial base. The atmosphere in Nigeria is more favorable than it has been in years for constructive entrepreneurship. The SMTC needs to seize this chance.

CONCLUSIONS AND RECOMMENDATIONS

⇒ *Institutional training capacity*

1. The management training staff of the SMTC is excellent. Dr. Eigege and Ms. Umolu, the principal trainers, complement one another in the skills and background they bring to SMTC. Both get uniformly positive feedback from trainees. Other staff of G2000/Nigeria, Dr. Miri, Dr. Korve and Mr. Oyenekan, serve as occasional facilitators to supplement the training program and to provide diversity of style and background to the SMTC workshops. G2000/Nigeria is considering hiring external trainers on a contract basis to alleviate the pressure felt by Eigege and Umolu as they take on their new positions as Assistant Directors for Disease Control.

Recommendation: Contract trainers must have completed the training at the SMTC and the supervisory training including the project in exemplary fashion. Potential contract

trainers should be invited to teach a module in a course before a final decision is made to engage the person. Preferably candidates for these positions should have a degree in management with practical experience in public health or another area of development and prior teaching or training experience.

2. The training is well received by participants, sponsors and disease control managers. Training materials have been adapted to the Nigerian context. TQM has become a shorthand term for the type of training offered by the SMTC. It is a recognizable brand name and bonds the alumni of the program together with a shared language and experience. The alumni are the greatest advocates for the program, operating in many ways as a band of evangelists. This word of mouth advertising is crucial to helping to stimulate continued demand for management training.

Recommendation: Create a formal alumni association. The alumni association should meet periodically (annually or biannually) for an EIS like conference to share new management ideas and tools and to offer an opportunity for presentations showing continued application of TQM to new problems. The alumni association might also create a web page if this is viewed as consonant with current access to computers and the internet in Nigeria.

3. The SMTC is a respected player in the market for management training targeted to public health and disease control programs in both the governmental and nongovernmental sectors. The question arises whether this niche is too narrow a base upon which to base future management training programs.

Recommendation: It would be wise for the SMTC to expand its recruiting reach to health programs funded by extramural funding. The BASICS child survival project, funded by USAID, offers just such an opportunity.

Recommendation: SMTC should expand recruitment for customers to the non-health development sector, but stay within the public or nonprofit sector for potential customers. It should concentrate on middle and upper level managers for the Jos-based workshops.

4. SMTC training concepts are applied more easily when there is a critical mass of those who have been trained working within one organization or ministry.

Recommendation: Consideration should be given to creating a large enough critical mass in each state by selecting multiple participants from programs that share common issues and training them together.

5. The SMTC has proven flexible in meeting the changing program needs of G2000/Nigeria.

Recommendation: The SMTC should develop a portfolio of management workshops in modular format for different audiences. These would not be new workshops but rather variations on the present three workshops developed by SMTC. Technical assistance, if

needed, should be provided by the SMDP. For example, policy makers at the highest levels would profit from the TQM, leadership and team building modules but are unlikely to be able to attend a 2-week workshop, much less to complete a project. Develop a module targeted specifically to commissioners, governors, directors and permanent secretaries which exposes them to the ideas and concepts so that they understand and support those on their staff who are trying to apply these concepts in the workplace.

6. The reunions conducted by SMTC to showcase the applied learning projects have proven to be an excellent strategy to expose policy makers, government officials and other senior managers to the distinctive management training offered by SMTC. They have also allowed the trainees to invite key people in their organization who are key to the implementation of the concepts learned in the workshop.

Recommendation: Develop a list of key people to invite to the reunions and systematically extend these invitations to attend. Focus the invitations on key policy and decision-makers of the programs represented by the workshop trainees who are presenting in each reunion.

Recommendation: Encourage G2000/Atlanta staff to attend at least one of the reunions.

⇒ *Management capacity development of river blindness program personnel*

1. The SMTC has met its initial goals of training the existing cadre of onchocerciasis managers at the national, zonal and state levels in Nigeria and onchocerciasis managers in partner NGDOs. The local government level is only just beginning to be tapped, principally through decentralization of training programs to the zonal level.

Recommendation: Delivering high quality, affordable and timely management training programs available at the LGA level is a priority for SMTC. The SMTC should develop teaching materials for a one-week course that can be taught by graduates of the Jos-based workshops in their respective regions or states targeting the LGA. This course should cover issues that are particularly pertinent to this level of the system. The SMTC staff trainers should not teach in the zonal or state based workshops[17]. It is not an efficient use of their limited time. Encourage participation of zonal workshops to participate in the alumni association.

Recommendation: There must be a clear assignment of responsibility for project supervisors at the zonal level. Develop a quality assurance checklist for use by those supervising projects at the zonal or state level.

[17] The SMTC staff feel that there should be a close collaboration between SMTC/Jos and the GRBP Zonal workshops. Dr. Eigege feels that the zonal staff can take over the teaching over time as they gain experience. Project supervision is now conducted by zonal staff. Ms. Umolu feels that Dr. Eigege should continue to teach in the zonal workshops. There are only a few workshops during the year and Dr. Eigege's participation would help ensure the quality SMTC expects.

2. The workshop concepts and language seem to have resonated with program managers at all levels. The G2000/Nigeria office in Jos is a model of the principles at work on a daily basis from the guard at the gate to the director. Dr. Miri exemplifies the application of TQM and related concepts to many participants in the training workshops.

Recommendation: Keep doing it! People do notice.

Recommendation: G2000/Nigeria staff should take every opportunity to demonstrate workshop concepts and tools. Use the tools explicitly and consistently in program review and planning meetings for onchocerciasis control and other disease control programs to educate policy makers about the value of the tools and techniques.

⇒ *Impact of the SMTC training on key program indicators such as Mectizan® distribution*

1. The management training conducted by SMTC is complementary rather than supplementary to the expressed disease control goals of Global 2000. Viewing it this way gives more flexibility to searching for a way to retain the SMTC within the structure of G2000 without diluting the focus on disease control. Both the disease control programs and SMTC share a common passion for data-driven and evidence-based decision making. Both speak with facts. The core concept of continuous quality improvement is common to both.

Recommendation: Continue to emphasize and demonstrate complementarities to key G2000/Atlanta personnel.

2. There are demonstrable changes in Mectizan® coverage documented in the applied learning projects conducted by SMTC trainees. But because these are one-time exercises, it is not clear whether the documented results are sustained. The best evidence is from CBM where clear graphics and wall charts, displayed in the main office in Jos and also in the annual report of CBM, show the changes over time in coverage. These demonstrable results are based on the explicit application of TQM in planning the strategies and targets for Mectizan® coverage in the 5 States that CBM assists in onchocerciasis control.

Recommendation: Supervisors in the onchocerciasis control program should encourage the application of TQM tools to each problem that is presented
about coverage and distribution. The supervisor should model this behavior by using the tools herself on a routine basis.

3. The applied learning projects completed by the graduates of SMTC offer a unique resource of lessons learned in field management. The lessons learned from these projects need to be more widely disseminated.

Recommendation: It would be very useful to compile the projects for publication in Nigeria. The director of the Jos University Press recently attended a workshop at the SMTC. This offers an opportunity for SMTC to collaborate with a Nigerian partner to produce a product that can be used in universities, with donors, and in other training programs and zonal workshops. The latter is a particularly important customer because supervision is more fragmented and less intense for those attending this level workshop and user friendly materials would help this group to produce applied learning projects in keeping with the expectations of the SMTC.

4. The applied learning projects are the unique dimension of SMTC and vigilance must be exercised so that the applied learning projects maintain their quality. The projects represent the best source of evidence about results of TQM that are directly related to disease control priorities.

Recommendation: The learning project supervisors recently trained at SMTC must apply the same rigorous standards as Dr. Eigege and Ms. Umolu have provided to the SMTC trainees. There should be a quality assurance checklist for projects which every supervisor and trainee knows and abides by. Sufficient project supervisors have now been trained to provide support for zonal level workshop participants as well as new trainees at the Jos Center. No new supervisors need to be trained.

⇒ *Long term sustainability*

1. Clearly the SMTC is at an organizational crossroads. The short term resolution of assigning Dr. Eigege and Ms. Umolu to positions in disease control is not in the long term best interests of the SMTC because of the inherent conflicts in the time needed for both disease control activities and management training activities. Their reassignment was done for the best of motives, to keep good and productive people in G2000/Nigeria when funding exigencies changed. But doing two jobs is taking a toll in terms of fewer workshops and fewer reunions. It is also taking a personal toll. Each of them will have to decide what is best for them when options are presented to them.

2. The SMTC needs to diversify its funding. To garner funding, an organization must show value, benefit and shared desires between the goals of the funding agency and the organization. It must be a win/win situation for both. The SMTC has a good story to tell with demonstrated program changes in the onchocerciasis control program. Donors and funding agencies want evidence that the money they invest will have a positive return and will show impact on the problem. Management training has been a particular black hole for donors over the years. They have invested significant amounts and have shown little return for their investment in terms of tangible results. Management training at SMTC offers a compelling alternative to this otherwise dismal picture. G2000 has offered a place to incubate the ideas and the training methods that now characterize SMTC. That has not been a small investment. An alternative organizational home may be the way forward for SMTC, but there is considerable advantage for it to remain affiliated with G2000 in some way. G2000 is a brand name and gives SMTC organizational legitimacy

that it would lack, at least initially, if it became an independent organization. It also keeps the emphasis of all management training applied to reaching the goals of disease control programs.

3. There is a need to develop a clear transition plan for the SMTC. A management committee, made up of representatives from G2000/Nigeria, G2000/Atlanta and the SMDP at CDC, should be charged with developing this plan. The following suggestions are made to guide the transition management committee.

- For the next 2 fiscal years, Global 2000/Carter Center should continue to provide space to the SMTC in its current facility in Jos as part of its ongoing, good faith support of the SMTC. The Carter Center has been quite generous over the life of the SMTC with respect to space and support of personnel. While a search for an alternative organizational home for the SMTC is paramount, G2000/Carter Center can contribute to the short-run stability of SMTC by continuing to offer it space for operations.

- G2000/Carter Center should consider funding 1 full-time equivalent (FTE) trainer for the SMTC for the next 2 fiscal years and .5 FTE for administrative and logistical support. Additional trainers may be needed but if new programs requiring additional trainers are funded, the trainers should be employed with direct funding from extramural buy-ins to the SMTC.

- CDC/SMDP should continue to fund technical assistance for the SMTC, specifically the efforts of one full time professional in Atlanta to support the transition plan and needs for technical assistance.

- CDC/SMDP should take the lead in exploring funding from USAID to SMTC for management training programs related to the health priorities of USAID/Nigeria, e.g. the LIFE AIDS initiative. Funds have been allocated by Congress directly to CDC for the LIFE initiative and discussions are currently underway about using some of funding to support SMTC.

- CDC/SMDP should explore funding for management training from other international donors that have health investments in Nigeria. This should include APOC. APOC is an untapped resource for funding for the SMTC. It is understood that CDC/SMDP does not have fund raising as part of its organizational agenda, but the endorsement of SMTC by CDC/SMDP may open some doors to international donors that might otherwise remain closed.

- Exploration should begin on identifying potential organizational “homes” for SMTC other than G2000. Options to consider for an organizational home include: a free standing SMTC; linkage with another NGDO in Nigeria; organizational affiliation with other externally funded project offices; and institutional affiliation with a university or training center. These options are representative, not exclusive.

- In the transition phase, SMTC should concentrate on reducing the backlog of unfinished applied learning projects and hold the necessary reunions to graduate those who have finished their projects.

APPENDIX 1
Questions for SMTC Trainees

Date:
Name:
Location:
Date of SMTC training:
Graduation Date:

Managing in an Organization

- *Tell me about your job/ position. What are your managerial responsibilities? (Probe for information about number of people working for them, responsibilities in developing and implementing programs, allocating funds)*

Team Building

- *Since the SMTC training, have you experienced working with a team of coworkers? Please tell me about your experience. How did the skills you learned at SMTC help/ not help you in this experience? Have you been active in forming teams to work on projects? What skills did you implement from the SMTC workshop (if any)?*

Leadership

- *What skills did you learn about leadership at the SMTC training? Did you find these applicable to your position? How have you applied them? What kind of barriers have you encountered? Were you able to overcome them? How?*

Total Quality Management

- *What concepts about quality do you remember learning about at the SMTC training? Have you been able to implement any such changes here? Please give me an example? How did you go about it? How did it/ is it work(ing)? Have you gotten any feedback from co-workers or clients about it? What do they think?*

Time Management

- *What kind of different responsibilities do you have? How do you manage your time between them? Is this different than how you managed you time before SMTC? How and why has it changed if it has?*
- *What about your project/ organization? What determines time allotted to various activities? What do you think about this? How would you improve it? Have you made any changes since the SMTC training?*

Behavioral Style Analysis

- *Do you have a management style? What is it? Why do you choose to manage this way? Do you find it effective? Has it changed since the SMTC training? How has it changed?*

Managing Programs

- *What kinds of programs do you manage? Is there one you have applied skills learned in the SMTC training to? What is it?*

Identifying Goals and Objectives

- *How did you identify the goals and objectives of this program? What were they?*

Health Problem Identification and Analysis

- *How did you identify the problem? How did you analyze this problem? Who did you work with? How did you work together? What did you find?*

Priority Setting

- *What did you decide to do? How did you decide this? What kinds of things did you take into account?*

Developing Work Plans and Budgets

- *How did you go about planning the program? Who participated in this? Did you use work plans? Did you plan a budget?*

Monitoring and Evaluation

- *How did it work? How do you know this? What kinds of data did you collect to monitor the progress? How often did you monitor it? Who participated? What do you think you would do better next time?*

Managing Human Resources

- *Who do you manage (how many people, what kinds of jobs, how often do you have contact with them)?*

Supervisory Skills

- *What kind of skills did you learn at the SMTC training that have helped you in supervising other workers? How have you applied them, please give some examples? What kind of reaction did you receive?*

Communications

- *What communication skills that you learned at SMTC have you used when communicating with people you supervise? Is this different from how use used to communicate with them? How? Have you noticed any changes in the effectiveness of your communication?*

Negotiations and Conflict Resolution

- *Please give an example of a conflict or negotiation within your organization/ program/ office that you helped to resolve. How did you do this? What happened? Were you satisfied? Were others satisfied?*

Managing in a Changing Environment

Sustainability

- *Do you think that the work you do is sustainable? Why do you think this? What do you do to ensure your activities are sustainable?*

Stress Management

- *What do you do about stress management for your employees? What about yourself?*

Managerial Politics

- *What kind of problems have you encountered with "politics" in the workplace? What have done to address these issues? Were you able to use any of the skills learn at the SMTC training? How?*

Other Topics

Community-Directed Treatment with Ivermectin

- *How have the skills you learned at SMTC changed your River Blindness Program? Please give me a few examples? What kind of results have you seen? How have you measured these results? What do you attribute them to? How do you think they could be improved?*

Community Participation in Health and Development Programs

- *Please give an example of how you involved the community in your program? What did you do to involve them? What happened?*

Information, Education, and Communication

- *Do you do IEC? How do you do this? Who is responsible? What kinds of messages are given? What factors do you take into account? How have you used information from the SMTC training to develop IEC campaigns?*

Gender Development

- *What kind of issues of gender do you encounter in your work regularly? What do you do to address these? Have you seen any results? Who do you work with?*

Suggestions

- *What do you think were the most practical skills you learned at the SMTC training? How have you been able to put them to use? What kind of results have you gotten?*
- *What challenges do you encounter regularly that you believe you are not well prepared for even after the SMTC training?*
- *Do you see a difference in management skills between yourself and co-workers who have not attended the SMTC workshop? What are the differences? Do you see differences in results? Please give an example.*
- *How do you think SMTC training should be improved?*

APPENDIX 1A
Questions for Trainers: SMTC Evaluation

1. How long have you been working with SMTC?
2. What does your job entail? What training duties do you have? What administrative duties? Any other duties?
3. What do you think is the mission of the SMTC?
4. What are some of the strengths of the program? Can you give some examples?
5. What are some of the weaknesses? Can you give some examples?
6. What else do you think the SMTC should be doing?
7. How do you think SMTC could improve their existing program?
8. What kinds of people do you train? Where do they work? Why are they interested in the program? Who supports their training?
9. Have you observed the impact of the program on trainees? Can you give some examples?
10. Have you observed the training "not working" with trainees? Any examples? Why do you think this happened? Could something have been done in training to avoid it?
11. What kinds of feedback do you receive about the training? About your training specifically? What do you think about it?
12. How do trainers work together? How do you think this could be improved? Who else do you work with directly? How is this relationship?
13. What topics are covered in training? How is this determined? Which do you think are most effective? Which are least effective?
14. How do you judge whether training has been successful?
15. What do you think SMTC should be doing to evaluate itself?

APPENDIX 2
PERSONS INTERVIEWED[18]

CDC/SMDP

Paul Abamonte
Lori de Ravello
Sheri-Nouane Johnson
David Bull
Michael Malison

CDC/PHPPO

Ed Baker

CARTER CENTER/GLOBAL 2000

Andy Agle
Frank Richards
Craig Withers
Rick Robinson

SMTC FOUNDERS

Emmanuel Miri (MIPH, Trainer, Sponsor)
Jonathan Jiya (MIPH, Trainer, Sponsor)
Emmanuel Gemade (MIPH, Trainer, Sponsor)

GLOBAL 2000/NIGERIA HEADQUARTERS STAFF

Abel Eigege (MIPH, Trainee, Trainer)
Ifeoma Umolu (MIPH, Trainee, Trainer)
Kehinde Oyenekan (Trainee)
Kenneth Korve (MIPH, Trainee, Trainer)
Charles Zanyabello (Trainee)
Peter Ndochi (Trainee)
Victor Egbehughe (Trainee)

[18] Some individuals have had multiple roles in SMTC activities indicated in the parentheses following their name.

SMTC TRAINEES (those trained at the Jos Center)

Plateau State

Edwin Echu
Jeff Watson (Sponsor)
Mohidisa Dam-Asabe
Christopher Ogoshi
Emmanuel Dadirep
Jonathan Karshima
Jacob Wongden
Godfrey Mamzhi
Clement Danladi
Julie Mafuril
P.S.M. Kwakfut
Josiah Mutihir
Helen Shaldas
Benjamin Mairiga
A.G. Malgwi
Adamu Maikudi
Franca Olumiju (Sponsor)

FCT

Abbas Dalhatu

FMOH (Abuja)
Ifeoma Anagbogu
A.E. Okun

Enugu

C.U. Maduka (Zonal Trainer)
E.T. Alo
S.O. Orogwu
B.U. Ezumezu
H.U. Egbuna

Onitsha

Sister Mary Louis Oparch (Sponsor)
Victoria Ngumoha

Benin City

John Eguagie (Zonal Trainer)
A.O. Abu
R.E. Ekrake

Lagos

O. Olomolehin
M. Oguntade

ZONAL TRAINEES

Enugu

U.L. Effobi
AnswerGod Ezeah
Joy Nwagwu
Georgy U. Udoji
Lazarus Nweke

Benin City

Adudu Oyabure Aisu
Felix Okwuagwu

SPONSORS

Dawuda Mari
Bala Shekari
Stella Goings

APPENDIX 3
LIST OF APPLIED LEARNING PROJECT TITLES COMPLETED BY SMTC/JOS GRADUATES

1. Non-submission of routine monthly M&E returns from the local government areas of Kwara State
2. Improving documentation of training packages in training & development department of the Industrial Training Fund with emphasis on curriculum development division and direct training services division
3. Reducing the non-reporting rate of trained voluntary health workers in Wasinmi district of Ewekoro local government area, Ogun State
4. Reducing the number of supervisory visits missed by project staff at the community level in Ugep and Ikang local government areas of Cross River State
5. Improving supervisory visits in Agwara local government area, Niger State
6. Reducing refund on advances in Global 2000 River Blindness Programme Enugu/Anambra/Ebonyi States
7. Reducing indiscriminate use of drugs in the treatment of diarrhea at maternal and child health clinic Birnin-Kebbi State
8. Reducing losses arising from the expiration of drugs in Biladia Pharmacy, Barkin-Ladi, Plateau State
9. Improving sustainability of community-directed treatment with Ivermectin by communities in Gashaka local government area of Taraba State
10. Enhancing MITOSATHS's ability to meet the yearly budget
11. Improving routine immunization activity at the health facilities in Asa LGA of Kwara State
12. Improving on the practice of exclusive breast-feeding by mothers whose children are in the 0-6 months age group attending the immunization clinic of the Ibrahim Sani Abacha Memorial Children's Hospital, Kaduna
13. Increasing Mectizan acceptance in Osogbo local government area, Osun State
14. Improving reporting in the community directed treatment with Ivermectin programme with particular reference to Iwo and Ayedire local government areas of Osun State
15. Improving the usage of onchocerciasis project vehicle in Taraba State
16. Enhancing sustainability of child survival project of World Vision International in Ogo-Oluwa local government area of Oyo State
17. Reducing rate of transfer/posts of PHC staff in Kogi local government area of Kogi State
18. Poor community involvement to sustain IDP in Yorro local government area of Taraba State
19. Increasing tetanus toxoid coverage among women of child bearing age in Kogi local government area
20. Improving return of monitoring and evaluation reports in Gusau local government area of Zamfara State
21. Delay of Mectizan distribution in hyper-endemic areas
22. Reducing under five mortality at Sir, Yananya Memorial Hospital, Birnin Kebbi, Kebbi State
23. Reducing incidence of schistosomiasis at Muslim primary school Mokola, Abeokuta,

Ogun State
24. Reducing Guinea Worm cases in Oyo State
25. Improvement of exclusive breast-feeding by mothers in Ayinke House Baby-Friendly Hospital in Ikeja, Lagos State
26. Minimizing delays in the process of emergency eye care delivery at National Eye Centre, Kaduna
27. Reducing vaccination drop-out in Ob. Ademola II Maternity Hospital, Abeokuta, Ogun State
28. Increasing immunization coverage in Nwaorieubi primary health care centre, Mbaitoli LGA in Imo State
29. Improving immunization activities at maternal and child health clinic at Tiwada in Gusau local government area of Zamfara State
30. Improving low Mectizan in Irepodun local government area of Osun State
31. Improving Mectizan treatment coverage in Lagelu local government are of Oyo State
32. Improving Mectizan treatment coverage in Isikwuato LGA of Abia State
33. Improving Mectizan treatment coverage in Ushongo LGA of Benue State
34. Increase acceptance of Mectizan for treatment of river blindness in Enugu State
35. Improving coverage of Ivermectin distribution in Ikwo LGA of Ebonyi State
36. Improving Mectizan treatment coverage in Sumila local government area of Kano State
37. Reducing missed Mectizan distribution deadlines in Enugu State
38. Reducing the high rate of CBD defaulters on IDP
39. Reducing number of drop out rate of CBDs towards Mectizan distribution in Esan Northeast LGA of Edo State
40. Increasing Mectizan distribution in Ningi local government
41. Improving reporting of sentinel site with particular reference to immunizable diseases in Osun State
42. Conflict resolution between the finance officer and finance clerk in Imo/Abia GRBP
43. Reducing high rate of fuel consumption in Imo/Abia States
44. Reducing the number of missed supervisory visits at the community level in Enugu and Anambra States
45. Improving record keeping of Mectizan distribution in Global 2000 river blindness program
46. To reduce the duration for retirement of cash assistance to Government (CAG) in the UNICEF Zonal Office Bauchi
47. Improve MITOSATH filing system
48. Strengthening community-based structures for sustainable Ivermectin treatment programme in Cross River State
49. Reduce late coming to work at ECWA Rural Development Ltd., Jos, Plateau State
50. Reducing cancellations of gynaecological operations in the operating theatre of Plateau Hospital, Jos, Plateau State
51. Management of travel advances at Global 200 river blindness program using the total quality management approach
52. Reducing the time spent by patients at government chest clinic, Akure, Ondo State
53. Improvement of rapid assessment of onchocerciasis at risk LGAs in Jigawa State
54. Improving information management in NIGEP southeast zonal office, Calabar

55. Reducing the outstanding bills of Staywell Resource and Training Centre
56. Factors militating against meeting our target for Mectizan coverage in FCT
57. Improving community patronage of ECWA community health clinics
58. Increasing supervisory visits to the local government areas in Oyo State
59. Reducing delay in the release of funds for PHC and C activities in Kwara State Ministry of Health
60. Reducing delays in filing mail in the registry of the Plateau State Hospitals Management Board
61. Improve comprehensiveness and reliability of prevalence survey of onchocerciasis in south eastern Nigeria
62. Reducing the number of defaults of routine disease surveillance and notification forms in Kwara State
63. Reduction in the number of CBDs that will miss the distribution deadline in Oyi and Idemili LGAs of Anambra State
64. Strengthening community-based structures for community-based Ivermectin treatment (CBIT)
65. Increasing patient satisfaction in ANC/Labour ward at OLA Hospital , Jos
66. Improving on the usage of onchocerciasis project vehicle in Taraba State
67. Improving supervision of primary health care activities at community level in Lagos State
68. Reducing extra-budgetary expenditure on vehicle maintenance on all project vehicles in Global 2000 GRBP
69. Reducing budget over expenditure at Plateau Hospital
70. Improving the reporting activities of onchocerciasis treatment in Gurarar local government, Niger State
71. Curbing late retirement of advances in all Global 2000 projects in Nigeria
72. Establishing an affordable integrated sustainable, community owned and directed Ivermectin distribution in Ezinihitte LGA of Imo State
73. Building up capacity to improve Ivermectin distribution in 2 UNICEF-assisted LGAs, Viz- Odo-Otin, and two in Osun State
74. Reducing extra-budgetary expenses in GRBP onchocerciasis project in Delta State
75. Reducing in-patient complaints in St. Charles Borromeo Hospital, Onitsha
76. Enhancing effective utilization of the resource centre
77. Reducing the problems of wrong information from the use of the new NOCP MIS form in data collection in Ondo State
78. Strengthening supervision to local government area health facilities in the State
79. Reducing the time spent by patients in the out-patient department at St. Charles Borromeo Hospital Onitsha, Anambra State
80. Reducing delay in processing of retirement benefits occurring in the finance department of the Industrial Training Fund
81. Improving the participation of community women in primary health care development committees in Aniocha south LGA, Delta State
82. Improving the safe water supply coverage of Guinea Worm-endemic villages under the health sector support programme, Kano State
83. Improving the growth monitoring promotion in Kaduna north local government area of Kaduna State

84. Improving the procurement of inputs in ECWA Rural Development Limited, Bukuru, Plateau State
85. Improving the relationship between Plateau Hospital staff and patient's family members
86. Improving the quality of the national tuberculosis and leprosy control programme, Osun State
87. To reduce the incidence of incorrect prescription of drugs in the management of acute respiratory infections (ARI) at family health unit, Wada, Kaduna State
88. Improving immunization coverage in Ekiti south west local government area of Ekiti State
89. Reducing the number of hours being spent by mothers during the immunization clinic at community health unit, State Specialist Hospital, Akure, Ondo State
90. Improving NPI immunization coverage of children 0-1 year at Rimi Town, Katsina State
91. Increasing patronage of primary health care facilities in Ovia north east local government area, Edo State
92. Improving low immunization coverage in Aniocha south local government area of delta State
93. Reducing late submission of treatment summary report of Mectizan distribution in Nasarawa State IDP
94. Improving on the distribution of Mectizan in Irepodin/Ifelodun local government, Ekiti State
95. Improving Mectizan treatment coverage in Yamaltu Deba local government area, Gombe State